

Office Use Only	
Please initial and pass to next section.	
Tax Branch	_____
Q/P	_____
IRP	_____

KENTUCKY TRANSPORTATION CABINET
 Dept. of Vehicle Regulation/Division of Motor Carriers
 P.O. Box 2004, Frankfort, KY 40602-2004
 (502) 564-4150 Fax: (502) 564-2132 (8:00 AM - 4:30 PM EST)
 Walk-ins 8:00 AM – 4:00 PM
 TRANSPORTATION.KY.GOV/DMC

TC 95-573
 10/05



CHANGE OF NAME OR ADDRESS FORM

List all numbers that apply. Enter leading zeros.
 If multiple numbers, please list separately on another sheet.

KIT#: _____ KYU#: _____ IRP#: _____

IFTA#: _____ USDOT#: _____
 Enter states initial and leading zeros.

KY Intrastate for Hire#: _____ KY Interstate Exempt for Hire#: _____

Single State Registration System (SSRS)#: _____

OLD FEIN#: _____ NEW FEIN#: _____

OLD Legal Name: _____

NEW Legal Name: _____

OLD DBA: _____
 ("Doing Business As")

NEW DBA: _____

(If bond is required, name will not be changed unless a bond rider is attached.)

Name (DBA) Change request will not be accepted unless accompanied with a copy of the Name Change Re-entitlement Form, provided by the Federal Motor Carrier Safety Administration (202-366-9805) or if information is current in Federal Clearinghouse.

PHYSICAL ADDRESS

Line 1: _____

Line 2: _____

City: _____ State: _____ Zip: _____

Province: _____

MAILING ADDRESS

Line 1: _____

Line 2: _____

City: _____ State: _____ Zip: _____

Province: _____

Phone: _____ Fax: _____

Contact: _____

E-Mail: _____

Signature: _____ **Date:** _____

Note: Web filers (tax, permits, IRP etc.) please keep a current e-mail address on file for quarterly reminders and updates.

For overnight delivery, please send to: Division of Motor Carriers, 200 Mero Street, Frankfort, KY 40622